



Athletic Division
805 Central Avenue, Suite 800
Cincinnati, OH 45202-1947
Phone: (513)352-4020
Fax: (513)352-1605
www.cincyrec.org

Girl's Softball Application

Please provide us with the following information:

Age Group: _____
14 & Under / 15 – 17 year old



2006

Team Name: _____

Uniform Color: _____

Is this a Recreation Center Team? Yes _____ No _____ If so, which Center? _____

Funding Information: _____

Manager: _____

Alternate Manager: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

E-Mail Address: _____

E-Mail Address: _____

1st Choice

2nd Choice

3rd Choice

Day _____

Day _____

Day _____

Location _____

Location _____

Location _____

Remarks: _____

For Office Use Only

Method of Payment: Check/M.O. # _____ Cash _____ Mastercard/Visa Approval # _____

If company check, name of company _____ Address _____

League Fee

Forfeit Fee

Tournament Fee

Deposit To: 323 x 197 x _____
(fund) (agency) (organization) x _____ (expense) x _____ (reporting category)

Note: Any refunds will be payable to the maker of the check.